Findings on Water Needs (September 2019)

BACKGROUND

Since August 2017 an estimated 744,000¹ Rohingya refugees have arrived from Myanmar to Cox's Bazar district in Bangladesh, bringing the total number to approximately 915,000.² The unplanned and spontaneous nature of the post-August Rohingya refugee camps have combined with high population densities and challenging environmental conditions to produce a crisis with especially acute water, sanitation, and hygiene (WASH) needs.

In September 2019, REACH implemented a qualitative assessment of WASH needs in Rohingya refugee camps in support of the Cox's Bazar WASH Sector. Its key objectives were to identify WASH needs and service gaps among the Rohingya refugee population, build a stronger understanding of what characterises individuals with high levels of WASH needs, contextualise information from previous quantitative assessments, and fill additional identified information gaps with an emphasis on "how" and "why" questions. This briefing paper on **water** is one of four thematic reports presenting the study's findings. Where relevant, data from this assessment has been triangulated with secondary data sources including previous assessments conducted by REACH and other WASH partners.

METHODOLOGY

This assessment took the form of 19 focus group discussions (FGDs) with Rohingya refugees in camps in Ukhiya and Teknaf Upazilas, Cox's Bazar district. This included three sets of six discussions using different tools, respectively focusing on water, sanitation, and hygiene issues (with an additional discussion conducted with women for hygiene in Teknaf).³ Each set included four discussions in camps in the Kutupalong-Balukhali extension site, and two in camps in southern Teknaf. Discussions were split by gender, with an equal number of male and female groups held in each location. Purposive sampling by gender and location aimed to capture as much diversity of perceptions as possible within the constraints of time and resources available for this assessment. Each group involved between 6 and 11 participants, including a total of 85 male and 95 female participants. Informed consent was sought, received, and documented at the start of each group. During the discussions, notes were taken in Bangla and full transcriptions were translated into English for analysis. Table 1 provides a breakdown of FGD locations and participants.

 Table 1: Number of FGDs conducted, by location, type of participant, and theme

WASH Sector Cox's Bazar unicef

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	Ukhiya		Teknaf	
	Male	Female	Male	Female
Water	2	2	1	1
Sanitation	2	2	1	1
Hygiene	2	2	1	2

Data collection took place from 22 September to 2 October 2019 with a gender-balanced team of 13 Bangladeshi staff overseen by a field coordinator and supported by a translator. Adult participants for FGDs were identified through contacts from WASH partners throughout the camp or through field recruitment on the day itself. In total, 54 participants (25 female and 29 male) across 6 FGDs (4 in Ukhhiya and 2 in Teknaf) engaged in the water portion of this assessment. The overall objective being to contextualise information from previous water related quantitative assessments and support the WASH Sector and its technical working groups (TWiGs) in filling additional identified information gaps.

LIMITATIONS

• Indicative findings

This study used qualitative research methods, as such results are indicative only and cannot be generalised for the entire camp population. However, efforts were made to ensure qualitative findings were crossed with previous quantitative assessments in order to triangulate findings.

• Participant bias

Certain responses may be under-reported or over-reported due to the subjectivity, perceptions, and comfort level of participants (in particular when discussing issues related to menstruation), especially "social desirability bias" – the documented tendency of people to provide what they perceive to be the "right" answers to certain questions.⁴ Additionally, given that participants were recruited by WASH volunteers, it is possible that they may have been coached to provide positive responses on WASH service provision in that area.⁵

Sampling bias

Although efforts were made to ensure a diverse range of participants, operational and time constraints when setting up discussions in collaboration with WASH partners meant that in practice, convenience sampling was often used. This is may have constrained the likelihood of some groups (e.g. female head of households unable to leave children at home, people with disabilities, people living in more distant areas of the camps) from being under selected relative to others.

¹ Population numbers were derived from the United Nations High Commissioner for Refugees (UNHCR) Population Data and Key Demographical Indicators Dataset from 15 September 2019. ² Population figures for the total numbers of refugees in Cox's Bazar are derived from the Inter Sector Coordination Group (ISCG) Situation Report Rohingya Refugee Crisis from October 2019.

³ The original female hygiene FGD conducted in Teknaf contained a member of the host community. Therefore, due to the possibility of changed dynamics in the discussion, an additional hygiene FGD with no host community members present was conducted. The original FGD that contained the host community member was kept for data triangulation but the host community member's responses were not incorporated into the translations/transcriptions.

⁴ For example, recent studies on experiences around complaints mechanisms in Myanmar have identified significant social and cultural barriers to people providing negative or assertive feedback. See 3MDG, Case Study: How effective are community feedback and response mechanisms in improving access to better health for all? (Yangon, 2016), p. 21-22.

⁵ Feedback from facilitators during the pilot indicate that participants were requested not to say anything negative about WASH service provision in that camp. Once this was flagged to REACH, more detailed briefings with WASH partners were conducted in order to circumvent the possibility of a similar occurrence during the rollout.



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Findings on Water Needs (September 2019)

KEY FINDINGS:

• Refugees in Teknaf struggle to access enough water, especially during the dry season. In some cases, this has pushed some of the FGD participants to cope through the use of surface water.

• Use of less preferred water sources in other areas due to water scarcity can lead to conflicts amongst the refugee communities, as well as between refugees and host communities.

• Water shortages during the dry season have specific gendered impacts:

- Longer collection times disproportionately impact women and girls, who are primarily responsible for water collection. In some cases, the FGD participants reported that the division of labour around water collection may change in response to perceived safety risks, with men taking responsibility where longer or riskier trips are required. This may in turn limit female household members' agency in collecting enough water for personal needs.

- Female participants reported using less water for hygiene purposes such as bathing and laundry when water is scarce. This is especially problematic during menstruation with women being sometimes unable to wash MHM materials.

• Participants reported using a variety of strategies to assess whether water was safe to drink. In cases where water was deemed to be unsafe, participants in Ukhiya reported being able to fall back on alternative water sources. However, participants in Teknaf reported that in many instances no alternatives were available.

• FGD participants using water coming from a piped network reported being aware that water treatment was now taking place at sources while noting that the networks' water storage tanks were not always cleaned properly. However, others reported confusion about whether they should still be treating water using aquatabs in light of drawdowns in aquatab distributions, and the majority of participants requested more information on how to treat water and store it safely.

ACCESS AND WATER QUANTITY

Access to a sufficient quantity of safe water to meet drinking and domestic needs is a critical component of the SPHERE standard on water supply.⁶ According to the MAY 2019 REACH/WASH Sector household survey, over 99% of households reported using improved sources for their primary source of drinking water⁷ while 88% of households reported collecting at least 3 litres of drinking water per person, per day – The SPHERE minimum standard commonly used by WASH actors for monitoring purposes.^{8,9} However, only 69% of households reported collecting the recommended 15 litres of water per person per day for all domestic uses. These figures were especially low in camps in southern Teknaf. These findings were confirmed during FGDs, where challenges accessing water were reported across all groups, but much more acutely in Teknaf. According to both male and female participants, the impacts of dry season affected both how households collect water and their usage patterns.

"During the dry season there is an area in the host community with a river over the hill where we can access good quality water. However, when we go there to collect water and the host community sees us, they become very angry and start to beat us (all the participants in the FGD agreed)."

- Rohingya, male, 18-24 years old (Teknaf)

Impact of dry season on water collection

Across all areas but most acutely in Teknaf, male and female participants reported having to travel further to collect water, potentially bringing them into conflict with neighbouring communities. Participants in Ukhiya reported primarily coping through accessing water sources in neighbouring blocks within the camp, whereas participants in Teknaf reported attempting to access water from the host community. In both cases, participants reported that disputes ensued between those that perceived the water source to be "theirs" and visitors trying to collect water from that source. However, in Teknaf the disputes had a tendency towards violence when participants attempted to collect water from "good quality" sources from the host community. Some participants reported that the risk of such disputes made them resort to either limiting water use or collecting water from sources they perceived to not be clean.

"I also go to this river but sometimes the host community will not let me access water. When this happens, I go to a different place to collect water. It is beside the road and there is a canal there. The water is not clean but I do not get beaten when I collect it."

- Rohingya, male, 60+ years old (Teknaf)

- ⁸ The Sphere handbook outlines minimum standards for household drinking water consumption at 3 litres per person per day, and consumption of water for all domestic uses at 15 litres per person per day as minimum standards. As discussed above, this assessment only accounts for water collected and not necessarily water consumed. See Sphere Association, The Sphere Handbook, p. 106.
- 9 REACH Initiative, Water, Sanitation and Hygiene Assessment, p. 25.

⁶ Sphere Association, The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Geneva, 2018), p. 105.

⁷ REACH Initiative, Water, Sanitation and Hygiene Assessment: Dry Season Follow-up (Geneva, 2019), p. 17. Available here (accessed 9 November 2019).

Water, Sanitation and Hygiene Qualitative Assessment

Findings on Water Needs (September 2019)

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"If we cannot access any water in our block then we will go to another block to access the water. When this happens then the men have to collect the water instead of women since they will face challenges going to a different block."

- Rohingya, male, 60+ years old (Ukhiya)

Water collection is a gendered task within refugee households, falling primarily to women and girls. This means that the time burden and safety risk of travelling to alternative water sources to collect water disproportionately impacts female refugees. In some cases, male and female FGD participants reported that male household members would take on the task of collecting water in cases where sources were felt to be too far or too dangerous. However, dependence on male household members to collect water may limit women's agency in terms of how much water they are able to use, especially while menstruating (see below). Further, this coping strategy is not necessarily available to households with no adult males.

"When I am not able to access enough water then I only use water for cooking purposes. I limit the water I use for bathing, washing clothes or any other household task."

- Rohingya, female, 25-40 years old (Ukhiya)

WATER QUALITY

The SPHERE Handbook highlights the importance of the access to palatable water of sufficient quality for drinking, cooking and personal/ domestic hygiene purposes – without causing a risk to health.¹¹ To this end, the Water TWiGs directed efforts into decommissioning unsafe waterpoints throughout the preceding year and in 2019, they worked towards addressing the shortages of safe water in southern Teknaf. Findings from the May 2019 REACH/WASH Sector household survey indicate that there has been a significant decrease in the use of tubewells following large-scale decommissioning of unsafe facilities (especially in Ukhiya) in addition to an increase in the use of piped water/tapstands following targeted installation in camps with shortages of adequate water sources.¹²

Impact of dry season on water use

WASH Sector Cox's Bazar

The reported impact of dry season on household water use was also gendered. In general, male FGD participants did not mention limiting water use for any daily task when facing access issues. However, female FGD participants reported that when they faced water access challenges, they would prioritise using water for cooking at the expense of hygiene practices. In some cases, this could mean reducing bathing and laundry frequency in order to conserve water. This was reported to be especially problematic during menstruation with some female participants reporting being unable to wash reusable MHM items. As taboos and stigma regarding menstruation are reportedly widespread with a substantial impact on how daily life is structured within the camps, it is important to assess how a limited access to water impacts the women's ability to properly manage their menstrual hygiene needs.¹⁰

"We do not have enough water and this is why we cannot wash our MHM items. We need one bucket of water to wash one reusable pad. Sometimes we also need one bucket of water to wash our bodies while on our periods."

- Rohingya, female, 25-40 years old (Teknaf)

Nearly two thirds of participants reported that they perceived to be no issues with water quality. However, participants also detailed a wide variety of ways to self-assess water when deciding if it should be used for drinking or bathing, indicating that refugees have developed coping strategies in order to avoid using water perceived as poor guality. Participants reported using the following indicators to determine whether they felt water was safe to drink: the presence of iron (reddish colour), high saline levels, sediment, bugs, or strong smells; warm water temperatures; water sourced from shallow tubewells; long durations without the communal water tank (connected to the piped water/tapstand) being properly cleaned; damage to clothing after laundry; skin irritation after bathing; and illness after drinking. Participants in Ukhiya reported that they would source water elsewhere when one or more of the aforementioned issues were reported. However, participants in Teknaf reported that even when water was perceived to be unsafe there were often no other sources to access.

¹¹ Sphere Association, The Sphere Handbook, p. 109.

¹⁰ REACH Initiative, Menstrual Hygiene Materials Assessment (Cox's Bazar, 2019), p. 2. Available here (accessed 16 November 2019).

¹² REACH Initiative, Water, Sanitation and Hygiene Assessment, p. 16.

Water, Sanitation and Hygiene Qualitative Assessment

Findings on Water Needs (September 2019)



"When I bathe using water from shallow tubewells my skin becomes irritated. This mainly impacts children and elderly people as their skin is more prone to irritation." - Rohingya, female, 41-59 years old (Ukhiya)

"The majority of the time the water is of okay quality, however sometimes there are bugs in the water and/or the water becomes red if the tank is not cleaned (four FGD participants agreed)."

- Rohingya, male, 41-59 years old (Teknaf)

Water treatment

In the first year of the response, the WASH Sector's hygiene promotion TWiG made progress in expanding the reach of water treatment (such as aquatabs) to households. Indeed, the rate of households reporting using aquatabs in October 2018 (38%) had doubled compared to April 2018 (17%). However, the second year of the response saw a shift in programme emphasis from household water treatment to treatment at water sources. In line with this, the proportion of households reporting using aquatabs had declined to 25% by May 2019.¹³ In an effort to better understand how refugees are accessing treated water and their understanding of current water treatment processes, FGD participants were asked about how the water is treated in the camps and if they had questions related to the process.

FGD participants who reported using piped water as their main water source reported being aware that humanitarian actors were purifying water in the storage tanks connected to the piped water/tapstand, reflecting the trends of the May 2019 REACH/WASH Sector household survey.¹⁴ However, participants also highlighted that while water in the tanks was treated, they perceived that the tanks were not always cleaned frequently enough, impacting water quality. Conversely, participants using tubewells as their main source were not always clear about which water sources were treated or not and were unsure about whether and how they should treat water. Further, participants from three different water discussions reported not treating water at all as they had stopped receiving aquatabs from humanitarian actors – this could indicate either a gap in the reach of water treatment, and/or a gap in messaging on water treatment resulting in beneficiaries not being fully aware of the reach of current water treatment programming.

Regardless of whether participants had received water treatment or not, they all reported wanting to receive (more) information on water treatment methods and disease prevention. Participants reported that awareness sessions were more frequently held and that they partook more regularly in them when they were responsible for water treatment at the household level – however, participants perceived the frequency of the sessions to have since dropped in parallel to the switch in programming.

"We would like to receive more information on how to treat water. Mainly we would like to know more about the water treatment process and how to get rid of illnesses that we may contract if drinking unclean water."

- Rohingya, male, 18-24 years old (Ukhiya)

Contamination risk

Water quality testing by humanitarian actors since the start of the response has consistently indicated water at sources being of better quality than water in the households implying that contamination is taking place at some point in the water chain.¹⁵ In an effort to address this issue, humanitarian actors have actively promoted the use of lids for water collection containers and conduct regular awareness sessions on safe water chain practices; findings from the May 2019 REACH/WASH Sector household survey indicate that almost all (97%) of containers used for storing drinking water were covered, while 96% of households reported cleaning storage containers regularly.¹⁶ In an effort to further understand possible points of contamination, FGD participants were asked about water storage practices. In line with the survey findings, nearly all FGD participants reported covering drinking water containers when transporting the water and storing it at the household. In Teknaf, participants from both the male and female water discussion reported that sometimes WASH volunteers will even refuse to fill water containers if the participants do not have a lid for the container:

"Sometimes we put our water collection containers in the queue while we wait to collect water. If the WASH volunteers see a container without a lid, they will throw it out from the queue. Not all participants have enough lids for their containers."

- Rohingya, male, 60+ years old (Teknaf)

Overall however, FGD findings provided no further information on where contamination might be taking place. This points out a need for direct observation of household water storage and handling practices in order to better understand contamination risks.

¹³ Ibid., p. 25.

¹⁴ In this study, households that reported using piped water as their primary drinking water source were more likely to report not using aquatabs because the source was already chlorinated (42%) when compared to households using other water sources (22%). Ibid., p. 27.

¹⁵ Cox's Bazar WASH Sector, "Water Quality Snapshots, February 2019 – September 2019. Available here (accessed 11 November 2019).

¹⁶ REACH Initiative, Water, Sanitation and Hygiene Assessment, p. 23.



REACH Informing more effective humanitarian action

Findings on Water Needs (September 2019)

COMPLAINT MECHANISMS

Echoing findings from multiple assessments,¹⁷ both male and female FGD participants reported mahjis (block leaders) as their main focal point when making complaints about water, with very few/none reporting going directly to NGO staff or volunteers. Mahjis were generally expected to either resolve the issue directly or to accompany complainants to the relevant actors for further follow-up. When asked how current complaint mechanisms could be improved upon, the majority of participants either remained silent or stated they have no recommendations. A minority of participants that reported suggestions indicated that it would be better if they had a clear understanding of who were the most appropriate people to discuss water issues with.

CONCLUSION

In general, findings from the water qualitative study are in line with the May 2019 REACH/WASH Sector household survey – indicating that many households, particularly in southern Teknaf, continue to collect insufficient amounts of water for domestic consumption and in a few areas continue to rely on unsafe sources.¹⁸ Lack of water from preferred sources results in household members travelling greater distances to collect water, sometimes bringing them into conflict with neighbouring refugees and with the host community. Water scarcity during the dry season has a gendered impact on household water collection and use, with households reportedly relying more on male household members to collect water where longer or riskier trips are required (more prevalent in the dry season) and in parallel – women and girls reporting bathing or doing laundry less frequently in order to preserve enough water for drinking and cooking. This is especially problematic during menstruation, with women being sometimes unable to adequately wash MHM materials. More positively, FGD participants suggested improvements on water treatment practices, indicating a higher reliance on and awareness of chlorinated water sources, especially piped water networks. However, participants using tubewells were not always clear about whether or not their water source was chlorinated and — with distributions of aquatabs reportedly not being always consistent — were unclear about whether and how they should be treating water at household level. In almost all cases, participants requested more information about safe water practices anong refugees in spite of known high levels of contamination in the water chain between collection at sources and storage at household level.

Overall, the findings point towards a need to develop strategies mitigating the gendered impacts of water scarcity in Teknaf during the dry season, as well as reducing the risk of water-related conflicts within refugee communities and between refugees and host populations. Further, clear messaging and continued outreach to communities is needed regarding water treatment at households and sources levels, as well as safe water storage. Finally, direct observations of households' water handling practices are needed to better understand how contamination takes place along the water chain.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website at <u>www.reach-initiative.org</u>, contact us directly at <u>geneva@reach-initiative.org</u> or follow us on Twitter at <u>@REACH_info</u>.

¹⁷ Findings from the ISCG June 2019 Joint Multi-Sector Needs Assessment (J-MSNA) indicate that 55% of households reported being aware of ways to provide complaints about assistance. Where households reported providing complaints, the majority reported speaking with the mahiji (94%), while a plurality reported either speaking with the government or military (50%) or speaking with NGO staff (40%). Overall, 79% of households reported facing no barriers to providing feedback about assistance. Inter-Sector Coordination Group, Joint Multi-Sector Needs Assessment, (Cox's Bazar, 2019), p.2. Available <u>here</u> (accessed 16 November 2019). Additionally, Findings from September 2019 REACH hygiene Item Assessment and menstrual hygiene item assessments found that less than half of households reported being aware of a location to provide complaints or feedback regarding the distribution process (38% and 26% respectively). Further, an even smaller minority reported actually providing complaints or feedback. REACH Initiative, Hygiene Item Assessment (Cox's Bazar, 2019), p. 2. Available <u>here</u> (accessed 16 November 2019); and REACH Initiative, Menstrual Hygiene Materials Assessment (Cox's Bazar, 2019), p. 2. Available <u>here</u> (accessed 16 November 2019).